

gies was no less dangerous than useless. Division of the stricture either by subcutaneous puncture when it is seated in the pendulous part of the canal, or by free incision upon a grooved director when it lies behind the scrotum, was recommended, as having proved completely successful in cases that had resisted every form of dilatation.—*Lond. and Edin. Month. Journ. Med. Sci.*, May, 1844.

48. *Fracture of the Malleoli*.—M. BERARD read to the French Academy of Medicine, Jan. 8th, a report on a memoir by M. Laserre on fractures of the external and internal malleoli at the level of their articular surfaces. The memoir was founded on four cases. In the first, both malleoli were fractured at the level of the articulating surface of the tibia by a fall from a house. Amputation was performed, and the patient recovered. The second case was quite analogous: amputation was followed by death. In the third case, M. Laserre attempted to resect the fractured extremities of the bones; the operation did not succeed; the limb was amputated, and the patient died. The fourth case terminated more happily; the fracture was transverse; both bones of the leg projected through a wound on the external surface of the joint. The fragments were reduced, and an ordinary apparatus applied. Union was completed in eight months. After fourteen months the patient resumed his usual occupation, and only suffered from stiffness of the joint. M. Berard first asked if it was not better to amputate immediately in those cases when the parts seemed too much injured to hope to save the limb, than to make an useless attempt to do so after which that extreme measure had still to be resorted to? He also considered the question whether this was not a case in which subcutaneous section of the tendo-achillis should be performed previously to attempting the reduction whenever tetanic contraction of the muscles of the leg opposed coaptation of the bones?

M. Velpeau considers resection as often the best measure in this accident. These fractures he stated are not always transverse, and when oblique it is almost impossible to effect reduction. Unquestionably, dividing the tendo-achillis would tend to facilitate the reduction, but in some cases, that proceeding would, M. Velpeau thought, be insufficient. Resection, on the contrary, renders reduction greatly easier, and also obviates recurrence of the displacement—moreover, it prevents or lessens the consecutive accidents (always very serious) caused by this fracture. Muscular contractions come on after reduction, and are very likely to displace the bones again; but this event is much less liable to occur when the bones are shortened.—*Dublin Med. Press*, March 27, 1844.

49. *Berthold's method of arresting Hemorrhage from Leech-bites*.—Cut a piece of caoutchouc, about one line thick, and half an inch square; hold one surface of it to the flame of a candle till it becomes softened and melted; when it is cold rub it on blotting-paper, to make it smooth; then, having wiped off the blood, and compressed the bleeding point with the finger for a few minutes, apply the caoutchouc, and cover it with a strip of adhesive plaster. It should not be disturbed for some hours.—*Prov. Med. Journ.*, Feb. 24, 1844, from *Bouchardat's Annuaire de Thérapeutique*, 1844.

50. *Lithontriptic remedies*. M. BOUCHARDAT gives at some length a report by MM. Gay-Lussac and Pelouze on the subject of those remedies, on which they have experimented for two years. They first give the result of their experiments on stones out of the body, submitted to solutions of the bicarbonated and pure alkalis, of borax, and of the acids, which are any thing but encouraging; and then they observe respecting the internal administration of alkaline remedies, that although they do not profess to deny all the cases in which calculi have been reported to be dissolved, yet that they cannot help saying that those persons are laboring under a delusion who think that large calculi can be dissolved in a few weeks by these means. After hinting at the possible ill consequences which might arise from making the kidneys secrete alkaline urine during several months or years, they remark, that in a vast number of well au-

thenticated cases, these medicines have only *changed the diathesis*, and caused a lithic calculus to be coated with phosphates; or, after a lithic calculus has been removed, they have caused it to be succeeded by a phosphatic one. Besides, it is well known that the addition of an alkali to certain organic matters causes the formation of an acid. [It is well known that oxalic acid is prepared by heating wood with lime; and Prout has pointed out the possible origin of oxalic calculi in the improper administration of alkalis.] M. Prunelle, the inspector of the Vichy springs, has remarked that several patients, after beginning an alkaline course, have passed an immense quantity of lithic gravel and sand, which must have been of recent formation, for it was far too much to have been merely deposited in the kidney. Their experience of the results of injections, or rather *irrigations* of the bladder, were likewise any thing but encouraging; some uric calculi were softened by alkaline solutions, and one of the phosphatic variety was entirely dissolved by the dilute nitric acid after Sir B. Brodie's plan; but in most cases either the calculi remained untouched, or the patient was obliged to discontinue the treatment, through irritation of the bladder.

M.M. Gay-Lussac and Pelouze state that they have not been able to detect the *hippuric* acid in the urine of persons to whom the benzoic acid was administered, as was asserted some time since by Mr. Ure: but they several times observed that the urine of persons who were submitted to the experiment had a pleasant alcoholic smell, and kept for several days without apparent change.—*Ibid.*

51. *Removal of a diseased Ovary terminating fatally on the seventh day.*—By T. M. GREENHOW, Esq.—The patient was 29 years of age, and married. For four years she had suffered from frequent discharges of blood from the uterus. Eighteen months ago, six months after her marriage, the swelling in the abdomen commenced at the pubic region, and rapidly increased till it attained a large size, her strength all the while declining, from the constant uterine discharge. The abdomen was tapped; only a little blood escaped, but afterwards nearly a quart of dark-coloured fluid was discharged from the wound daily, for about a fortnight.

Before the operation of removing the tumour, which was performed on September the 3d, the abdomen was about as large as at the full period of uterogestation; there was fluctuation in one or two parts, but the tumour generally was firm, and felt as though divided into separate masses. The incision reached from a little below the ensiform cartilage to near the pubis. Several adhesions existed in different parts, the principal one being to the omentum, which was spread over the upper part of the right side of the tumour. These adhesions were divided with the bistoury, and then the tumour was raised, with some effort, owing to its great size and weight, and from its situation; double ligatures were passed through its pedicle and firmly tied, and this part being divided near the tumour, it was liberated from its attachments and removed. Two arteries bled freely, one in the divided omentum and the other in the pedicle; upon these being secured, the wound was brought together by sutures and adhesive plaster, and a bandage applied. The operation was well borne by the patient, although she vomited several times towards the end; the quantity of blood lost did not exceed six ounces. The symptoms which followed were chiefly great retching and vomiting; constipation of the bowels; quick pulse; tenderness and distension of the abdomen; and she died on the morning of the seventh day.

On the post-mortem examination the folds of the intestines and the omentum were found glued together by recently effused lymph. There was inflammation, with points of ulceration, near the pyloric orifice of the stomach. The uterus was healthy, but its cavities were lined with a vascular membrane, like the decidua. The morbid growth had been attached to the left broad ligament. On examining the tumour it was found to weigh twelve pounds seven ounces, and to be more than two feet in circumference. The surface was smooth and of a pale colour, resembling that of the skin. With the exception of a few cysts containing a yellow fluid, the general mass was composed of a dense and vas-